



I

THE RURAL DISTRICT COUNCIL OF OSWESTRY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1966

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Medical Officer of Health

WILLIAM MOORE, M.B., B.Ch., D.Obst. R.C.O.G., D.T.M.H., D.P.H.

Clerk

MISS P. M. KYNASTON.

C O N T E N T S

	Pages
Preface by Medical Officer of Health 	1
General Statistics 	5
Extracts from Vital Statistics 	6
Causes of Death	9
Tables: Infant Mortality 	11
Neo-Natal Mortality	
Cancer Deaths	
Tables: Infectious Diseases	13
Notification of Tuberculosis 	15
Clinics and Hospitals in the District 	16
Ambulance Service 	17
Laboratory Facilities	
Blood Transfusion Service 	18
Local Health Authority Clinics	
Home Help Service. 	19
National Assistance (Amendment) Act, 1951	
Dental Clinics	
Child Guidance Clinics	20
Medical Examinations	

Chief Public Health Inspector's Report

Rainfall 	21
Water Supply Services	
Public Water Supplies	22
Public Sewers	
Housing Survey 	23
Table: Housing Survey	
Housing Acts, 1957 & 1961 	24
Unsanitary Premises 	26
Refuse Collection	
Public Conveniences	
Movable Dwellings 	27
Prevention of Damage by Pests	
Nuisances	
Food Preparing Places	28
Condemned Food	
Private Slaughterhouses 	30
Factories Act, 1961 	31

OSWESTRY RURAL DISTRICT COUNCIL

Public Health Office,
Castle View,
OSWESTRY,
Shropshire.

To the Chairman and Members of the Oswestry Rural District Council

Mr. Chairman and Councillors,

In view of the resignation of Dr. William Moore in March, 1967, as his successor I have taken the liberty of writing this introduction, and have the pleasure of presenting for your perusal the Annual Report for the year 1966.

The Report has been presented in the form indicated by the Ministry of Health, which includes the Vital Statistics of the area, and the Chief Public Health Inspector's Report on the sanitary circumstances of the District.

Live births numbered 304, a slight increase on the previous year (297). This represents a Live Birth Rate of 17.38 per thousand population, an increase of only 0.39. The Live Birth Rate approximates to that for England and Wales (17.7).

Total deaths numbered 252 compared with 237 in 1965 and also represents a small increase of 0.64, making the corrected Death Rate 10.47 per thousand population, lower than that for the County as a whole and for England and Wales (11.96 and 11.7 respectively). The main causes of death continued to be cardiovascular disease and cancer.

It is important to reflect on how the pattern of disease and the causes of death have changed over the years. With the introduction of effective immunisation and vaccination and the widespread use of a variety of antibiotics, deaths due to infectious diseases have declined to negligible proportions. We are now faced with an increasing incidence of fatal non-infectious diseases such as cancer of the lung, coronary thrombosis and chronic bronchitis. In the Rural District in 1966 the various forms of heart disease accounted for 30% of all deaths nearly half of which were due to coronary artery disease. The various forms of cancer accounted for 18% of all deaths.

Accidental death is high on the list and more of these result from accidents in the home than on the road. Much of this toll on life is preventable. For example health education directed against smoking will reduce the incidence of cancer of the lung, heart disease and bronchitis. Accidents in the home can be reduced likewise. Diagnostic screening will prevent cancer of the cervix and detect other diseases at an early stage, so increasing the chances of survival.

Deaths in the first year of life and immediately before and after birth are of special significance. The Perinatal Mortality Rate, that is stillbirths and deaths under one week of age per thousand live and still births reflects on the risk to the baby associated with pregnancy and birth. In this respect the health and welfare of the mother and the standard of medical and other care exercised by, and on behalf of the mother are very important. The Perinatal Mortality Rate in 1966 was 32.5 per thousand live and still births, and although this shows a marked decline from the previous year (39.09), it is still significantly higher than the figures for the County as a whole and for England and Wales (both 26.3).

However, the Infant Mortality Rate, that is deaths in children under one year of age per thousand live births, which is to some extent indicative of the social conditions and degree of community care prevailing in the area was only 13.16, remaining significantly lower than that for England and Wales (19.0) and lower than for the County as a whole (15.7). In fact there were no deaths in infants over the age of one week in 1966.

It is pleasing to report that once again there were no maternal deaths in the District. The Maternal Mortality Rate for England and Wales is 0.26 per thousand live and still births, yet only 30 years ago in 1936 it was as high as 3.8.

Infectious disease is no longer a serious problem in this country and in the Rural District resulted in only one death in 1966, due to pulmonary tuberculosis. However the prevention of infectious disease is if anything more important than ever and must be directed through immunisation and vaccination, health education, the maintenance of high standards of food

hygiene and various other methods of control. Throughout, the co-operation of individual members of the community is extremely important, whether it be the acceptance of immunisation against diphtheria, vaccination against poliomyelitis or a responsible attitude towards the handling of food and drink.

As mentioned in connection with the present incidence of non-infectious disease, health education is one of the most important functions of any health authority, for there is a limit to what can be done to protect people from disease and death, and action on the part of individuals, from a knowledge of the factors adversely affecting health must not be under-estimated. We become very concerned about the taking of drugs by young people, whilst at the same time resigning ourselves to the serious amount of death and disease resulting from cigarette smoking and alcoholism. High standards of control and supervision of food and water supplies are demanded by people, but there is often inadequate self-questioning of unsatisfactory personal standards. Undue pollution of the atmosphere by smoke and fumes is considered unacceptable and dangerous to health and yet excessive smoking results in gross air-pollution of the individual's local environment to a far more serious extent than any factory chimney can produce. We are protected by laws on the road, and yet from ignorance of or failure to comply with simple rules, twice as many people are involved in fatal accidents in the home. Many more examples can be quoted where teaching and explanation are necessary but where there is a need for a greater effort on the part of individuals.

This is the last Report of the Oswestry Rural District prior to amalgamation with Oswestry Borough and I feel that it is a timely occasion to add some words of commendation of the Public Health Inspectorate regarding the effort put into promoting the public health and maintaining highly satisfactory sanitary circumstances in the District. Particularly I would mention the Chief Public Health Inspector, Mr. J. V. Meredith, whose contribution on the sanitary circumstances of the District is included in this Report, for the above achievements are in no small measure due to his knowledge and diligence. I am sure that the Council and the Staff of the Health Department will agree that we are fortunate in obtaining the services of so able and conscientious a public servant as the Chief Public Health

Inspector of the newly constituted Authority.

I would like to thank Miss P. M. Kynaston, who resigned recently, for her excellent work in the Health Department and the preliminary preparation of this Report and Miss L. Williams for her efforts in its final compilation.

I am,

Your obedient Servant,

KENNETH E. JONES,

Medical Officer of Health.

October, 1967.

GENERAL STATISTICS

1 9 6 6

The following are the General Statistics for the Oswestry Rural Health Districts :-

Area in acres	61,524
Population figure given by the Registrar General	19,240
No. of inhabited houses (on Rate Book) at end of 1966 ..	5,964
Rateable value	£485,491
Sum represented by a penny rate	£1,849.11.10

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR, 1966.

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Legitimate	158	125	283
Illegitimate	10	11	21
Live Birth Rate per 1,000 population			15.804
Birth Rate after correction by comparability factor			17.38
Illegitimate live births per cent of total live births			6.9

<u>STILL BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Legitimate	1	3	4
Illegitimate	2	-	2
Still Birth Rate per 1,000 live and still births.			19.36
<u>TOTAL LIVE AND STILL BIRTHS</u>	171	139	310

<u>DEATHS</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
	125	127	252
Death Rate per 1,000 population			13.08
Death Rate after correction by comparability factor			10.47

DEATHS OF INFANTS UNDER 1 YEAR OF AGE.

Number of children under 1 year of age who died in 1966.	4
Infant Mortality Rate per 1,000 live births	13.16
Legitimate	14.13
Illegitimate	-

MATERNAL DEATHS

Maternal Deaths (including abortion)	-
Maternal mortality rate per 1,000 live and still births ..	-

Neo Natal (first four weeks) Infant Mortality; rate per 1,000 live births - 13.16

	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Legitimate	4	-	4
Illegitimate	-	-	-

Early Neo Natal (under 1 week): Rate per 1,000 total live births - 13.16

	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Legitimate	4	-	4
Illegitimate.. ...	-	-	-

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births). 32.25

	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Legitimate	5	3	8
Illegitimate	2	-	2

	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Deaths from Measles (All ages). ...	-	-	-
Deaths from Whooping Cough (All ages)	-	-	-
Deaths from Diarrhoea (Under 2 years)	-	-	-

BIRTHS, DEATHS, STILL BIRTHS, INFANT MORTALITY, MATERNAL MORTALITY

DISTRICT	Total Live Births	Birth Rate	Total Deaths	Death Rate	Still Births	Still Birth rate per 1,000 live and still Births.	Infant Deaths	Infant Mortality per 1,000 Live Births.	Maternal Deaths	Live and Still Births.
OSWESTRY R.D.	304	15.80	252	13.08	6	19.36	4	13.12	-	-
COUNTY OF SALOP (1965).	5,782	18.23	3,454	10.89	105	17.83	103	17.81	1	0.17
ENGLAND & WALES (1966).	849,000	17.7	564,000	11.7	13,200	15.3	16,070	18.9	223	0.26

CAUSES OF DEATH

CAUSE	1966	1965
Tuberculosis, respiratory	1	1
Other forms of tuberculosis	-	-
Syphilitic disease	-	-
Diphtheria	-	-
Whooping Cough	-	-
Meningococcal infections	-	-
Acute Poliomyelitis	-	-
Measles	-	-
Other infective and parasitic diseases...	-	1
Malignant neoplasm, stomach	3	4
Malignant neoplasm, lung, bronchus	9	9
Malignant neoplasm, breast	7	3
Malignant neoplasm, uterus	2	1
Other malignant and lymphatic neoplasms .	23	25
Leukaemia, aleukaemia	3	5
Diabetes	2	2
Vascular lesions of nervous system	34	38
Coronary disease, angina	46	43
Hypertension with heart disease	4	3
Other heart disease	50	56
Other circulatory disease	11	6
Influenza	1	1
Pneumonia	12	6
Bronchitis	11	3
Other diseases of the Respiratory system.	4	3
Ulcer of stomach and duodenum	2	-
Gastritis, Enteritis and diarrhoea	1	-
Nephritis and Nephrosis	2	-
Hyperplasia of prostate	2	4

CAUSES OF DEATH (Continued):

CAUSE	1966	1965
Pregnancy, childbirth, abortion	-	-
Congenital malformations	1	2
Other defined and ill defined diseases	16	18
Motor vehicle accidents	2	2
All other accidents	3	-
Suicide	-	-
Homicide and operations of war	-	-
ALL CAUSES	252	237

INFANT MORTALITY

DISTRICT	Under 1 day M. F.	1 - 7 days M. F.	7 days- 1 month M. F.	1 - 3 months M. F.	3 - 6 months M. F.	6 - 12 months M. F.	TOTAL M. F.	COMBINED TOTAL	Infant Mortality Rate per 1,000 live births
OSWESTRY R.D.	4 -	- -	- -	- -	- -	- -	- -	4	13.16

NEO-NATAL MORTALITY

Deaths of infants under 1 month	Percentage of total infant deaths	Rate per 1,000 live births
4	100	13.16

CANCER

DISTRICT	Deaths		TOTAL	Rate per 1,000 Population
	M.	F.		
Oswestry R.D.	25	22	47	2.44
County of Salop (1965)	348	271	619	1.95
England and Wales	58,565	49,577	108,142	2.24

NOTIFIABLE DISEASE TABLE

Dysentery	Measles	Pneumonia	Scarlet Fever	Whooping Cough
3	110	1	5	6

MONTHLY INCIDENCE OF NOTIFIABLE DISEASE

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Dysentery	2	-	1	-	-	-	-	-	-	-	-	-
Measles	-	8	9	2	1	7	33	43	1	-	-	6
Pneumonia	-	-	1	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	2	-	-	1	1	-	-	-	1	-
Whooping Cough	-	2	3	1	-	-	-	-	-	-	-	-

NOTIFICATION OF NOTIFIABLE DISEASE, 1966.

Ages	Dysentery		Measles		Pneumonia		Scarlet Fever		Whooping Cough	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-	-	-	2	3	-	-	-	-	-	-
1-	-	-	6	3	-	-	-	-	1	-
2-	-	-	6	9	-	-	-	-	-	1
3-	-	-	9	7	-	-	1	1	-	1
4-	-	-	14	4	-	-	-	-	-	1
5-	1	-	22	19	-	-	2	1	-	2
10-	-	-	1	-	-	-	-	-	-	-
15-	-	-	-	2	-	-	-	-	-	-
25-	-	2	1	1	-	1	-	-	-	-
45-	-	-	-	-	-	-	-	-	-	-
65-	-	-	-	-	-	-	-	-	-	-
Not known	-	-	-	1	-	-	-	-	-	-
TOTALS	1	2	61	49	-	1	3	2	1	5

TUBERCULOSIS

NOTIFICATIONS DURING 1966.

	Respiratory		Non-respiratory		TOTALS	
	M.	F.	M.	F.	M.	F.
Civilian Cases	-	-	-	1	-	1
Service Cases	-	-	-	-	-	-
Transfers	-	-	-	-	-	-
TOTALS:-	-	-	-	1	-	1
Cured	2	1	-	2	2	3
Left District	1	2	-	-	1	2
Deaths	1	1	-	-	1	1
TOTALS:-	4	4	-	2	4	6

Number of Cases on Register at end of 1966.

Respiratory		Non-respiratory		TOTAL	
M.	F.	M.	F.	M.	F.
42	17	11	16	53	33

Number of Primary Notifications in 1966	1
Death Rate per 1,000 population (resp.)	0.00
England & Wales	0.43

CLINICS AND HOSPITALS IN THE DISTRICT

TUBERCULOSIS

The Physician attends at:-

OSWESTRY: The District Hospital,
Every Friday from 1.30 p.m. to 4 p.m.

SHREWSBURY: The Chest Clinic, Copthorne Hospital,
Every Wednesday from 2 p.m. to 4 p.m.

VENEREAL DISEASES

Facilities for treatment:- Clinics.

Clinics are administered by the Regional Hospital Board and the one available for this area is given below, the Medical Officer attending on the days and at the hours given.

SHREWSBURY: 1, Belmont.

Females	...	Mondays	...	3.30 to 5.30 p.m.
		Thursdays	...	5.00 to 7.00 p.m.
Males	...	Tuesdays	...	6.00 to 8.00 p.m.
		Fridays	...	6.00 to 8.00 p.m.

HOSPITALS

Oswestry and District Hospital.

Copthorne Hospital, Shrewsbury, treats cases of Enteric Fever, Meningitis, Acute Poliomyelitis, or Acute Encephalitis.

Monkmoor Hospital, Shrewsbury, admits other cases of Infectious Disease such as Scarlet Fever, Diphtheria, Measles, Whooping Cough etc.,

Other hospitals which provide accommodation for the district are:-

The County Council Hospital, Cross Houses, Shrewsbury.

The Royal Salop Infirmary, Shrewsbury.

The Eye, Ear and Throat Hospital, Shrewsbury.

The Sir Robert Jones and Dame Agnes Hunt Orthopaedic Hospital, Oswestry.

All these hospitals are administered by the Birmingham Regional Hospital Board which was constituted in accordance with the National Health Service Act.

AMBULANCE SERVICES

Under the National Health Service Act it became the duty of the County Council, the local health authority under the Act, to make provisions for securing that ambulances and other means of transport are available for the conveyance of persons suffering from physical or mental illness and expectant mothers or nursing mothers, from places in their area to places in or outside their area.

LABORATORY FACILITIES

These are available at the Public Health Laboratory, Royal Salop Infirmary, Shrewsbury. Telephone : Shrewsbury 4684.

The Bacteriologist is Dr. A.C. Jones and the Pathologist, Dr. G. Grant.

This service is based on the Royal Salop Infirmary and undertakes the work for local authorities free of charge in so far as it is relevant to diagnosis. It is invaluable particularly in the expeditious dealing with the bacteriological examination of food samples.

BLOOD TRANSFUSION SERVICE

For very many people during the course of serious illness, blood transfusion is a life saving treatment. Anaemia, loss of blood in accidents, child birth or operation and severe burns all call for the transfusion of blood.

The National Blood Transfusion Service Unit based on Birmingham visits Oswestry twice each year when a large number of public-spirited citizens from the Borough and Rural District attend to give blood.

New volunteers are constantly required to take the place of those leaving the district or reaching "retiring age".

The Shrewsbury Office has kindly supplied the following figures :-

OSWESTRY 1966.

<u>Attended</u>	<u>Bled</u>	<u>New Donors</u>
303	282	23

A proportion of the donors come from the Borough.

LOCAL HEALTH AUTHORITY CLINICS

Under the National Health Service Act, 1946, the County Council, the Local Health Authority, provide child welfare clinics. The clinic in Oswestry is held in Upper Brook Street every Wednesday from 9.30 to 12.30 p.m. and from 1.30 to 4.30 p.m. Immunisation against diphtheria, whooping cough and tetanus are provided, as well as vaccination against smallpox. Facilities are also available for immunisation against poliomyelitis.

Welfare food - orange juice, codliver oil preparations, other vitamin preparations, powdered milk and cereals for babies - are all on sale at the

clinics. These welfare foods are also on sale daily except on Thursday.

The Clinic is staffed by experienced health visitors who can advise on any problems connecting with the rearing, feeding and management of babies and young children. A doctor is always in attendance.

HOME HELP SERVICE

This service is provided by the Salop County Council as one of its functions under Part III of the National Health Service Act. It helps to maintain the aged and the sick in their homes. This excellent service is run in Oswestry and District by the supervisor Mrs. Crombie who has 21 home helps under her control.

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

One case only was dealt with under the above Act by the Medical Officer of Health in 1966. A man and woman living in a derelict caravan in unhygienic conditions were provided with new accommodation.

DENTAL CLINICS.

The Salop County Council provide a dental service for expectant and nursing mothers and for pre-school age and school age children. The aim of the School Dental Service is to ensure that, as far as practicable, children will leave school without the loss of permanent teeth, free from dental diseases and irregularity and trained in the care of their teeth. The dentist holds frequent weekly sessions in the Clinic at Upper Brook Street, Oswestry.

CHILD GUIDANCE CLINICS

Two sessions weekly are held in Shrewsbury and two in Wellington. Sessions are also held in all parts of the County as the need arises. The staff includes a psychiatrist, a psychologist and a psychiatric social worker.

MEDICAL EXAMINATIONS

Apart from routine medical examinations which I carry out in schools and clinics, I carry out from time to time:-

- (a) Pre-employment examinations of all entrants to Local Government service employed by the Oswestry Rural District Council.
- (b) Examinations to ascertain the fitness of children (aged 13 years and over) to engage in part time work outside school hours.
The scope and duration of this employment is strictly controlled by law. (Children and Young Persons Act, 1933).
- (c) All entrants to the teaching profession.
- (d) The assessment of the fitness of various individuals to continue their present employment, etc.

R E P O R T
O F
C H I E F P U B L I C H E A L T H I N S P E C T O R
O N T H E
SANITARY CIRCUMSTANCES OF THE DISTRICT

Chief Public Health Inspector

J.V. MEREDITH, C.S.I.B.,

Certified Meat and Foods Inspector

Public Health Inspector

T.H. POWEL, F.R.S.H.

Temporary Additional Public Health Inspector

F. HUMPHRIES.

Clerk

MISS P. M. KYNASTON.

Pupil Public Health Inspector

C. H. JONES.

RAINFALL:- The total rainfall for the year at Yorkfields was 38.02

Average over the last ten years 31.84

POPULATION figure given by the Registrar General 19,240

WATER SUPPLY

Figures showing the distribution of water suppliers in each parish are not available. Distribution of public water supplies now comes under the control of the West Shropshire Water Board, Shelton, Shrewsbury, Salop.

RESULTS OF BACTERIOLOGICAL EXAMINATIONS OF PIPED SUPPLIES FROM PUBLIC MAINS.

Date	Supply	B. Coli	Faecal coli.
3.1.66	RUYTON (Lower Sweeney Farm)	0	0
5.1.66	SWEENEY (Glandwr, Llanyblodwel)	0	0
18.1.66	RUYTON (Church Lane, Melferley)	0	0
26.1.66	RUYTON (inlet to Reservoir, New Barns, Trefonen)	0	0
26.1.66	RUYTON (Reservoir, New Barns, Trefonen)	0	0
26.1.66	RUYTON (Underhill Farm, Trefonen)	0	0
26.1.66	RUYTON (Fron Ucha, Trefonen)	0	0
26.1.66	RUYTON (Sandrock, Trefonen)	0	0
26.1.66	RUYTON (Middletons, Trefonen)	0	0
31.1.66	RUYTON (Pumps, New Barns, Trefonen)	0	0
31.1.66	RUYTON (Summerhill, Trefonen)	0	0
31.1.66	RUYTON (Croesaubach)	0	0
31.1.66	RUYTON (Pentre Cefn, Craigllwyn)	0	0
7.2.66	MARDY (Selattyn School)	0	0
7.2.66	MARDY (Nant Issa, Selattyn)	0	0
7.2.66	MARDY (Nant Lane, Selattyn)	0	0
8.2.66	RUYTON (The Firs, Edgerley)	0	0
14.2.66	RUYTON (Valve Chamber, New Barns, Trefonen)	0	0

CHEMICAL EXAMINATION OF WATER SUPPLIES.

9.5.66 Source:- Bricked well to pump (Maesbrook)

Evidence of previous organic pollution which has mostly become oxidised by filtration through the ground. The water contains 0.1 parts per million of copper, which is an indication of corrosive action on this metal. The amount of copper in the water will vary according to the length of time the water has been standing in contact with copper, and the stains on the electric kettle are almost certainly due to the presence of the metal.

PRIVATE/BACTERIOLOGICAL SAMPLES

	Satisfactory.	Unsatisfactory.
Private Mains	-	-
Wells, pumps etc.,	15	22

PUBLIC WATER SUPPLIES

The Statutory Water Undertaker is the West Shropshire Water Board on which the Council have two representatives. The good relationship between the Water Board officials and the Health Department has been maintained. During the year the last stage of the comprehensive water scheme has been completed, and with the exception of the hamlet of Candy, the district is well supplied with public mains. So far as the Candy is concerned a case for the provision of a wholesome water supply has been submitted by the Council to the Water Board, but the high cost of the scheme in comparison to the number and standard of the dwellings would appear to be overriding factors against a favourable decision. In the meantime the residents continue to obtain their supplies of water from deep wells and streams which are known to be polluted. In addition of course the absence of a main wholesome supply means that properties cannot be modernised except at the high cost of sinking boreholes, which many owners cannot afford.

PUBLIC SEWERS

The sewerage scheme for Ruyton XI Towns has now been completed and the work of conversion from earth closets to water borne sanitation is taking place. Local investigations have taken place into the proposed sewerage schemes for West Felton, Trefonen and St. Martins Moors. All schemes are in the hands of the Council's Consultant Engineer, with the exception of St. Martins Moors which is being designed by the Council's Engineering Department.

HOUSING SURVEY

At the end of the year the survey of houses was drawing to an end. This of course does not mean inspection work is complete; many properties in respect of which notices have been served for improvements are in need of re-inspections. This will be carried out gradually by the staff available and will yet take several months. It is hoped that next years report will be more comprehensive and show what has been done as a result of systematic inspection.

Parish	No. of Houses Inspected	No. of Informal Notices Served	No. of Formal Notices Served	No. of Houses Improved	No. of Houses Improved Under Grant	Closing Orders
KINNERLEY	3	-	-	4	1	3
KNOCKIN	2	-	-	3	-	-
LLANYBLODWEL	6	-	-	2	2	1
LLANYMYNECH	139	18	7	1	3	4
MELVERLEY	1	-	-	-	4	1
OSWESTRY RURAL	49	18	16	11	10	2
RUYTON XTOWNS	3	-	-	5	7	-
ST. MARTINS	-	-	-	-	1	1
SELATTYN	-	-	-	2	4	-
SYCHTYN	1	1	1	-	-	-
WEST FELTON	-	1	2	6	7	-
WESTON RHYN	-	2	-	4	2	-
WHITTINGTON	2	10	7	3	7	2
TOTAL:-	206	50	33	41	48	14

HOUSING ACT, 1957 & 1961.

A. Houses Demolished

(1) In or adjoining Clearance Areas under Section 42 of the Housing Act, 1957.

(a)	Unfit for human habitation	...	...	...	...	...	Nil
(b)	Included by reason of bad arrangement	...	...	...	...	...	Nil
(c)	On land acquired under Section 43 (2) Housing Act, 1957	...	...	...	...	...	Nil

(2) Not in or adjoining Clearance Areas

(a)	As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957	...	...	...	...	...	5
(b)	Local Authority owned houses certified unfit by Medical Officer of Health	...	...	...	...	...	Nil
(c)	Houses unfit for human habitation where action has been taken under local Acts	...	...	...	...	...	Nil
(d)	Houses included in unfitness orders made under paragraph 2 of Second Schedule to the land compensation Act, 1961	...	...	...	...	...	Nil

B. Unfit Houses Closed

(a)	Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26 Housing Act, 1961	...	...	...	...	...	1
(b)	Under Sections 17 (3) and 26 Housing Act, 1957	...	...	...	...	...	Nil
(c)	Parts of buildings closed under Section 18 Housing Act, 1957	...	...	...	...	...	Nil

C. Unfit Houses Made Fit

(a)	After informal action by local authority by owner	...	...	...	...	...	21
(b)	After formal notice under Sections 9 & 16 Housing Act, 1957						
	(i) by owner	...	...	...	...	...	14
	(ii) by local authority	...	...	...	...	...	Nil
(c)	After formal notice under Public Health Acts	...	...	...	...	...	6
(d)	After modification or revocation of a clearance order under Section 21 of Housing Act, 1961	...	...	...	...	...	Nil
(e)	After determination of a demolition order under Section 24, Housing Act, 1957	...	...	...	...	...	Nil
(f)	After determination of a closing order under Section 27, Housing Act, 1961	...	...	...	...	...	Nil

D. Houses in which Defects were remedied (other than unfit houses made fit).

After formal notice under Public Health Acts ... Nil

E. Unfit Houses in Temporary Use (Housing Act, 1957).

Position at end of year ... Nil

Retained for (Under Section 48 ... Nil

Temporary (" " 17 (2) ... Nil

Accommodation (" " 46 ... Nil

Licence for temporary accommodation under Section 24 or 53.

F. Purchase of Houses by Agreement.

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders ... Nil

	Houses erected during year		Houses in course of erection	
	For Slum Clearance	For Other Purposes	For Slum Clearance	For Other Purposes
Local Authority	6	20	20	86
Other	-	30	-	52

Number of Post-War Houses erected from 1st April 1945 to 31st December 1966.		House Building Programme for 1968.	
By Local Authority	Other	For Slum Clearance	For Other Purposes
-	-	21	66

FILTHY AND VERMINOUS PREMISES

One case only has been dealt with. A man and woman were living in a derelict caravan on a site subject to flooding. For many months the Council tried to solve the problem and eventually decided to purchase a residential caravan for them. This was stationed on a new elevated site, water from the mains was laid on, drainage facilities and a small stove provided. Since moving to the caravan, cleanliness has improved and the site has been kept tidy.

REFUSE COLLECTION

Refuse collection continues to be carried out by direct labour under the control of the Health Department. The kerbside method of collection is in being, but it is the Council's wish to gradually do away with this system by adopting the paper sack method which during the year has been put into operation in Gobowen and Morda covering approximately 800 premises. It will shortly be extended to Whittington, Babbins Wood and Park Hall Council Houses. The paper sacks are collected from the rear of the premises by the collectors. Salvage is still collected in conjunction with refuse. The availability of disposal sites in the Northern area is still a problem but may be made easier when the Amalgamation of Oswestry Borough Council with this Council takes place in April, 1967.

PUBLIC CONVENIENCES

Two public conveniences exist, one in Llanymynech and one on the Racecourse. Both have been kept to a high standard of cleanliness.

MOVABLE DWELLINGS

The number of caravan sites in the district with planning permission is twelve accommodating a total of forty-six vans. Conditions have been satisfactory throughout the year.

PREVENTION OF DAMAGE BY PESTS

The Act continues to be administered by the Joint Committee of the Oswestry Borough and Rural District Councils. The work has continued satisfactorily, but the use of Warfarin has ceased in those areas designated by the Ministry of Agriculture, Fisheries & Food. In these areas only acute poisons are being used. We have no evidence that Warfarin resistant rats have been found within the boundary of our District.

NUISANCES

Number dealt with by Informal Notice ...	95
Number complied with	81
Number of Abatement Notices	8
Number complied with	8

FOOD PREPARING PLACES

Fried Fish Shops

Number of registered premises	4
Number of mobile shops	1
Number of inspections	8
Number of Notices served	Nil
Number complied with	-

Bakehouses

Number of premises	4
Number inspected	4
Number of inspections	10
Number of Notices served	Nil
Number complied with	-

Hotels, Cafes, Restaurants and Canteens

Number of premises (including School Canteens)	47
Number inspected	38
Number of inspections	40
Number of Notices served	Nil
Number complied with	-

Food Shops

Number of premises	86
Number of mobile shops	8
Number inspected	40
Number of inspections	42
Number of Notices served	Nil
Number complied with	-

Meat Product Preparing Rooms

Number of premises	6
Number inspected	6
Number of inspections	16
Number of Notices served	Nil
Number complied with	Nil

Ice-Cream Premises

Number of registered premises 67

There are no manufacturing premises in the district.

MISCELLANEOUS MEAT AND FOODS CONDEMNED

Fruit & Vegetables

3 x 7 lb. 4 ozs. Raspberry & Apple Pie Filling	2 x 6 lb. 12 oz. Apricot Halves
1 x 3 lb. Blackcurrant & Apple Pie Filling	1 x 1 lb. 12 oz. Pears
40 x 2 lb. 3 oz. Tomatoes	27 x 6 lb. 8 oz. Pineapple Pieces
1 x 1 lb. 12 oz. Peaches	1 x 10 lb. 1 oz. Mixed Vegetables
2 x 6 lb. 8 oz. Pineapple Rings	3 x 6 lb. 8 oz. Sliced Beans
28 x 6 lb. 12 oz. Yellow Cling Peach Slices	3 x 6 lbs. Apricots
13 x 6 lb. 8 oz. Sliced Peaches	1 x 7 lbs. Gooseberries
11 x 6 lb. 8 oz. Pineapple Pulp	1 x 7 lbs. Grapefruit Segments
9 x 6 lb. 4 oz. Apricot Halves	1 x 6 lb. 12 ozs. Pears
9 x 10 lb. Apricot Pulp	1 x 6 lb. 14 ozs. Cling Peach Halves
1 x 6 lb. 8 oz. Gooseberries	1 x 6 lb. 8 oz. Blk/berry & Apple
2 x 6 lb. 4 oz. Apple Pie Filling	3 x 3 lbs. Rasp/Apple Filling

Meat

10 lbs. Bacon
32 $\frac{3}{4}$ lbs. Bacon
8 x 4 lbs. Corned Beef
3 x 6 lbs. Corned Beef
3 x 12 ozs. Corned Beef

MEAT INSPECTION.

Number of Licensed Slaughterhouses in the District 1

PRIVATE SLAUGHTERHOUSE AT KINNERLEY.

	Cattle exclud- ing cows.	Cows	Calves	Sheep & Lambs	Pigs
Number killed	114	-	-	609	142
Number inspected	114	-	-	609	142
<u>All Diseases except Tuberculosis.</u>					
Whole carcasses condemned	-	-	-	1	1
Carcasses of which some part or organ was condemned	22	-	-	30	9
Percentage of the number inspected affected with disease other than Tuberculosis	19.29	-	-	5.09	7.05
<u>Tuberculosis only.</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	6
Percentage of number inspected affected with Tuberculosis	-	-	-	-	4.22

No case of C. Bovis was found in the Private Slaughterhouse. In all cases an effort would be made to trace the source of infection.

FACTORIES ACT, 1961.

PART I OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	6	9	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	53	30	-	-
(iii) Other premises. (Sec.7).	82	45	-	-
TOTAL:-	141	84	-	-

FACTORIES ACTS (Continued).

2. CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which Prosecutions were Instituted.
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of Cleanliness (S.1).	-	-	-	-	-
Overcrowding (S.2).	-	-	-	-	-
Unreasonable temperature (S.3).	-	-	-	-	-
Inadequate ventilation (S.4).	-	-	-	-	-
Ineffective drainage of floors (S.6).	-	-	-	-	-
Sanitary Conveniences (S.7).					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	2	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).	1	1	-	-	-

